

PERFORMANCE BASED CONSOLIDATED CONTRACTS

2007 IMMUNIZATION NEGOTIATION GUIDE

To assure that the criteria of the Wisconsin Immunization Program 2007 Boundary Statement are met in the consolidated contract process, the following data and information should be discussed to assist the local health department, the regional contract monitor and the state program consultants in the negotiation process for Immunization Program Objectives. If you need additional data or programmatic information, please consult with your Regional Immunization Advisor (RIA). A list of your RIAs can be found at: <http://dhfs.wisconsin.gov/immunization/regiondepts.htm>.

For your convenience, we are including the following data sources:

- 2003-2004 US Census Data: Wisconsin birth cohorts by County
- 4:3:1:3:3:1 coverage rates for 19 – 35 month olds by County
- 2005 immunization objectives and outcomes measured (PDF)
- 2006 immunization objectives and outcomes measured (PDF)

Local Health Department:

- Annual number of births in jurisdiction
- Results of **agency 2005 assessment** of completion of 4:3:1:3:3:1 vaccine series by 24 months of age in children ages 24-35 months of age as of 12/31/2005 who received vaccines from the health department. This should include the number of children included in the measurement, and the percent who received the 4:3:1:3:3:1 series by 24 months of age.
- Copies of 2005 immunization objectives and outcomes measured.
- Copies of 2006 immunization objectives and progress toward goal.
- Results of any local or state provided assessment data that will support the proposed practices or proposed activities for the 2007 immunization objectives.
- Local or state generated data that may help to identify pockets of need or disparities in immunization coverage in the target population for the proposed objective. This should include socio/economic and racial/ethnic make-up of population (s) within jurisdiction.
- Identification of local immunization staff training needs and resources to achieve success in meeting population based objectives.

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Contract Monitors:

- Number of children 12-35 months of age who receive vaccines at the health department in relationship to the number of births in the jurisdiction in a calendar year. These are the children who are active enrollees in the health department's immunization practice.
- Discussion of local health department immunization staff capacities to use WIR technology to collect, store and retrieve data to meet program outcomes and support program practices and activities proposed in local objectives.
- Discussion of local community health improvement processes and plans related to local immunization coverage of target populations. Is this on the horizon for the local key stakeholders?
- Discussion of the available local data (or data that needs to be available) to assure that socio-economic or racial/ethnic disparities are addressed in local immunization objectives and programming.
- Discussion of community partnerships that are actively in place or need to be developed to assure success in achieving population based objectives for the jurisdiction.
- Discussion of evidence based practices that lead to positive outcomes and achievement of immunization goals. (e.g. Reminder/Recall, increasing local registry participation, etc.)
- Identification of input activities that will reinforce and strengthen the role of local public health in achieving population based immunization coverage goals.
- Discussion of the value that this objective offers to achievement of state and local public health goals.

Immunization Program Central Office Consultants:

- Discussion of the data or programming areas mentioned above that relate to the choice, outcome and value of the objectives chosen by the local health department.
- Discussion of technical assistance that may be needed from the regional and state immunization staff to attain objectives.
- Discussion of value related to local needs and achievement of state immunization goals.
- Discussion of strong input activities that are evidence based and data driven.